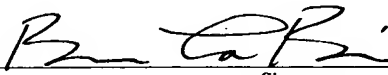
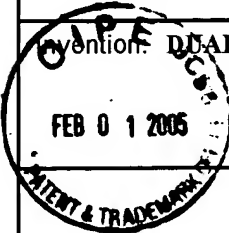
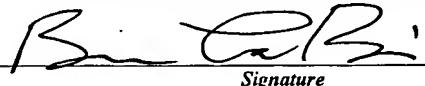


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Small Entity)				Docket No. P1721US01	
In Re Application Of: Toby Smith					
Application No. 10/619,700	Filing Date 07/14/2003	Examiner Le, Huyen D.	Customer No. 22267	Group Art Unit 2643	Confirmation No. 3047
Invention: DUAL SIDE MOUNT SHOCK RESISTANT PIEZOELECTRIC BENDER					
<u>COMMISSIONER FOR PATENTS:</u>					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>08/02/2004</u> in the above-identified application. <div style="text-align: center; font-size: small;">Date</div>					
The requested extension is as follows (check time period desired): <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> One month</div><div><input type="checkbox"/> Two months</div><div><input checked="" type="checkbox"/> Three months</div><div><input type="checkbox"/> Four months</div><div><input type="checkbox"/> Five months</div></div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"><div>from: <u>11/03/2004</u> <div style="text-align: center; font-size: x-small;">Date</div></div><div>until: <u>02/02/2005</u> <div style="text-align: center; font-size: x-small;">Date</div></div></div>					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee for the extension of time is \$510 and is to be paid as follows:					
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No.					
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 13-0110					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 <div style="text-align: center; font-size: x-small;">Signature</div>			Dated: February 1, 2005		
Bruce P. LaBrie, Registration No.: 53,172 Crowe & Dunlevy, P.C. 20 North Broadway, Suite 1800 Oklahoma City, OK 73102-8273 Telephone: (405) 235-7700 Facsimile: (405) 239-6651			<div style="font-size: x-small; padding: 5px;">I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</div> <div style="border-top: 1px solid black; text-align: center; margin-top: 10px; font-size: x-small;">(Date)</div> <div style="border-top: 1px solid black; text-align: center; margin-top: 10px; font-size: x-small;">Signature of Person Mailing Correspondence</div> <div style="border-top: 1px solid black; text-align: center; margin-top: 10px; font-size: x-small;">Typed or Printed Name of Person Mailing Correspondence</div>		
02/07/2005 BABRAHA1 00000053 10619700					
01 FC:2253 510.00 OP					
cc: Bed-Check Corporation					

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. P1721US01	
Applicant(s): Toby Smith					
Application No. 10/619,700	Filing Date 07/14/2003	Examiner Le, Huyen D.	Customer No. 22267	Group Art Unit 2643	Confirmation No. 3047
Invention: DUAL SIDE MOUNT SHOCK RESISTANT PIEZOELECTRIC BENDER					
 COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19 -	20 =	0	x \$9.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$44.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input checked="" type="checkbox"/> A check in the amount of \$510.00 to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-0110					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature			Dated: February 1, 2005		
Bruce P. LaBrie, Registration No.: 53,172 Crowe & Dunlevy, P.C. 20 North Broadway, Suite 1800 Oklahoma City, OK 73102-8273 Telephone: (405) 235-7700 Facsimile: (405) 239-6651			<div style="border-bottom: 1px solid black; margin-bottom: 10px;">I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">(Date)</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Signature of Person Mailing Correspondence</div> <div style="border-bottom: 1px solid black;">Typed or Printed Name of Person Mailing Correspondence</div>		
cc: Bed-Check Corporation					